

**STATEMENT OF JOSEPH D. PEREZ
SERGEANT ARMY NATIONAL GUARD
BEFORE THE
COMMITTEE ON GOVERNMENT REFORM
WOUNDED ARMY GUARD AND RESERVE FORCES:
INCREASING THE CAPACITY TO CARE**

**FEBRUARY 17, 2005
10:00 a.m.**

I would like to begin by conveying my sincere appreciation to all committee members today for this opportunity to help my fellow soldiers. It is my belief that everyone here today is ultimately here for the same reason... for love of country and for the heart of the Armed Forces. It is my hope that what is conveyed here today, is taken as a positive force in the steps to improve the policies and/or administration issues that are found to be lacking as it applies to all US Soldiers and their families.

My name is Joseph D. Perez, and I'm 38-year-old Army National Guard Member. I was on active duty since seeing the Twin Towers fall on TV. I wanted to serve and defend my country. I was deployed with the 72nd Military Police Company in September 2001 for Operation Noble Eagle in Monterey, California. During this deployment, two Army stop-loss orders affected my enlistment time. The second stop-loss order regarding specific MOS extended my service again for a period of 12 months but after revision placed my ETS to April of 2003. Shortly after my 13-month deployment ended, I took a position as a Federal Firefighter for the Department of the Air Force at Hill Air Force Base in Layton, Utah. However, I was then ordered to report back to Nevada for redeployment for Operation Enduring Freedom. I was notified that I was placed on a third involuntary stop-loss order that extended me the full length of the deployment plus an additional three months. Our deployment orders sent us to Fort Lewis, Washington to prepare, be validated, and deployed to Iraq.

In late April I was deployed to serve my Country as a 95B Military Police Sergeant. My

unit provided critical support for Theater Operations in criminal and security detainee detention missions. We worked endless hours in weather conditions with temperatures exceeding 130 degrees in order to build and establish confinement operations in an area that is well known as extremely hostile to coalition forces. We endured over 22 days of rocket-propelled grenades and mortar attacks. Along with performing MP missions in Iraq under the most dangerous and hostile conditions, such as several vehicle escort missions to various locations within downtown Baghdad and other near by cities, I was also selected to play a vital role in transporting detainees to and from the courthouse in downtown Baghdad and was subjected to daily threats of ambush attacks during these convoys.

On June 13, 2003, shortly after returning from a convoy mission with my squad to release detainees into the Baghdad area, we were alerted to rush to the prison compound area. An uprising within the insurgent detainees led to a prison riot. The insurgents were armed with sharpened tent poles, tent spikes, and rocks. They had already injured one soldier and had another soldier pinned down. We led a group of soldiers into the compound as a quick reaction force, while under fire to help a downed soldier and quell the prison uprising with physical force. During these actions I injured my left knee while taking down a combated insurgent. I also received a strong hit to my head.

That night again like so many other nights, we continued to be RPG and mortar attack. On occasion the mortars entered the confinement area killing and wounding numerous detainees. It also took the lives of two M.I. soldiers working with us. I remember a day working a tower and witnessed part of our own company of 11 soldiers, many being close friends, loaded onto a military deuce truck. They were struck by an IUD just outside the prison walls. It blew them all out of the truck causing many injuries. I still to this to this day relive those moments of feeling helpless and having rage.

While on a family-related emergency leave, I reported to Nellis Air Force Base to have my knee examined and X-rayed. They found my knee injury causing me to be unfit for deployment and in need of medical attention. I notified the Army National Guard. I was

informed that because the Physical Profile was conducted by the U.S. Air Force, I couldn't receive care until I returned to Baghdad, Iraq to be examined by an "Army" Medical Doctor. Not wanting to get into any trouble, I returned back to my unit in Iraq without delay.

On September 2nd, 2003, I finally had a chance to be seen by the 28th Combat Support Hospital in Baghdad, Iraq. Because of the injuries to my knee I was placed on Medical Evacuation Orders to Landstuhl Army Regional Medical Center, Germany. After further examination and X-rays in Germany, they put me on a plane to Fort Lewis, Washington, to be attached to 2122 GTSB Medical Holding Company for treatment. I was put in a reserve unit platoon under a National Guard Sergeant on orders. He stated his unit was on orders to work with injured soldiers of the National Guard and Reserve Components. He also stated that they were over whelmed with the amount soldiers and the host of medical and personal problems they were coming home with. I was given old sheets and lead to the old World War I barracks with insufficient water, heating, limited access for injured soldiers, and there was mold growing on the walls. I was given a bus schedule and told to find a Case Manager at Madigan Hospital.

I found and reported to my case manager. I was set up to see medical staff within a few days afterwards. I was told they wanted to start my medical process with Physical Therapy which was set three weeks away. During this time many of the medical hold soldiers like me felt lost and "thrown away." When you come back to the States, you figure that flashbacks and nightmares were a normal stress you go through when you come out of a war zone. Soldiers still say, however, that despite the Army efforts, languishing in medical holdover only compounds one's medical and psychological issues. Everything is uncertain, you're denied care, and you feel they don't give a damn whether you get well or not.

During the month of November 2003 my National Guard Unit was REFRAD and returned home for Thanksgiving. They were given a Hero's welcome and the ones in med-hold watched on TV.

On December 8, 2003 I was finally allowed to take convalescent leave. At this point my

wife had to care for me and I couldn't see any hope of being able to getting my position back as a Firefighter at Hill Air Force Base. My wife was beginning to see signs of change in me and she worried about my mental health, because of nightmares and wanting to be alone. I couldn't even enjoy this time with my children or visit family without putting up a front. My Case Manager Capt. Boardman MAMC promised to get me on remote care through the VA so I could heal and start physical therapy near my family.

I reported to the VA in Las Vegas in January 2003, I met with the primary care provider and began medical treatment. The care I received at the VA medical center was outstanding. Most of my care and surgery were contracted through the VA fee base programs. I was able to get X-rays, MRI, physical therapy, surgery to my knees and neck. My appointments were handled quickly and with the best of care. I also started in a Veterans PTSD focus group at the Vet center in Las Vegas. My wife and I do believe that they saved my life. For the first time I felt that my medical and psychological issues were being handled properly. During my stay in medical holdover I received little to no counseling regarding traumatic events I experienced during the war. Why didn't I or others like me ask for help? There's a culture here that unless your legs have been torpedoed off or your arm's shot off, then it's not a combat injury. Many service members have fear of being stigmatized for being unable to deal with their problems on their own. I did the same thing that everyone does in the military, "You suck it up." You don't whine. But, I'm sure that during the course of treatment a soldier will display signs that will suggest that the individual is in need of mental health counseling of some kind.

My National Guard Unit was demobilized February 10, 2004. Because of this my family and I somehow fell off the Army records. After many calls to the National Guard and hearing that because I'm still on Title 10 Orders it was the active Army's problem. I started to call Fort Lewis and was told the exact opposite. I was finally told that there was confusion on how to handle ADME Orders and Line of Duty packages. I ask to speak to my case manager to find out he was replaced and a new case manager, who didn't have a clue to who I was or my situation. My family went three months without Military ID cards, Tricare Health, pay and was even denied entrance onto Nellis Air Force Base to shop.

Not being able to work I had to borrow money from family members to make ends meet. At the same time I was receiving phone calls from the 2122nd Medical Hold Company saying they couldn't fix anything until I came back and I had to get back or be placed as AWOL. This caused more stress because I just had surgery to my cervical spine, I was low on funds, didn't have orders, or even a military ID. My wife and other family members couldn't believe all the problems and started to think that maybe I did something wrong and was being punished. All this made me feel worthless and I ended up April 21, 2004 at the mental health unit at Mike O'Callaghan Federal Hospital for PTSD and again suicidal ideation.

After two extension orders and a back dated ADME Order to report back to Fort Lewis to be attached at this time to Madigan Medical Hold Company, I was finally able to get family updated in DEERS and have a Military ID again. I was finally able to show proof of employment and get a rental house for my family. I reported back to Madigan Medical Holding Company on July 08, 2004. I was glad to see that the troops did not have to stay in the old Barracks. But a lot of the same problems still remained. Many of the soldiers were still having pay and order problems. I started to try to help as much as I could.

I have been involuntary medically separated because of injuries I accrued while serving my Country in Iraq in combat. I have gone through a major life change and within the next month I'm about having to endure another. I always have pain in knees and if I have to walk a long distance or lift anything from the ground the pain worsens. Pain in my knees is from the injury and past two knee surgeries for tears, damage to cartilage, micro fracture and lateral release. After cervical fusion I have lost some range of movement in my neck. I sometimes can't turn my head to the left and if I look down too long (such as reading a paper) my neck locks up. I have a chronic neck pain, which starts in my neck and ends in my lower back. I have to take large doses of Hydrocodone throughout the day and night for relief. This prevents me from performing tasks where I feel I need to be sharp mentally. This medication along with other medication, keeps me "balanced." I will have to take medication for the rest of my life. I can't get to sleep most nights and I must sleep with a CPAP machine strapped to my face because of severe obstructive sleep

apnea. I also sleep with a hard mouth spilt because of TMJ surgery I'm still doing therapy though the VA in Las Vegas. I also sleep with wrist splits because of Carpal Tunnel Syndrome so I don't wake up with painfully numb hands. I'll continue to make my PTSD group meetings every week at the Las Vegas Vet Center because it works for me and helps keep me strong and center. I and many of my colleagues say such problems are particularly acute among National Guard and Reserve soldiers, who make up about 40 percent of the deployed troops. I don't think it's been budgeted for the Reserve and Guard component, and now they want to make us suck it up. An injured soldier shouldn't be thought less of because he's a Guard or Member of the Reserve. I'm very displeased how my family had been treated during my medical holdover. But the issue that will most directly affect my future is my dispute with the Army over my disability rating.

Most of my conditions are chronic and I can't perform many of the functions as a Firefighter nor Law Enforcement. These were my chosen fields, which I strived strongly to become proficient and professional. I'm told to look forward to a VA Rehab Program to help with education or training in a new field, starting me over again. My family and I live in a rural city outside of North Las Vegas, Nevada. Our closest health care, Hospital, major food shopping, fitness center and largest gas station has always been Nellis Air Force Base, Las Vegas, Nevada. My first daughter was born there while I served in the Marine Corps. It is very hard to believe that this has been taken from us.

As a nation, we should note the special contributions of our Nations Guard and Reserves. Since the attacks of September 11, and extended into the Iraq conflict, demands placed on citizen soldiers and their families have been extraordinary.

I make this statement today not to complain or look for pity, but to finally have my chance to tell my story. I don't believe or want to presume to have a well-rounded knowledge of military procedures. I do believe this committee has a vigilant desire in making provisions to adjust and strengthen these programs. I would like the following be taken in consideration.

- Nation Guard and Reserve soldiers face one challenge their active-duty comrades

usually avoid, when part-time soldiers do return home, they may have little interaction with other soldiers and sometimes feel like they are the only ones going through the emotional adjustment. I felt quite a bit isolated, like the rest of the world around me went on with their lives for the past three years. For this reason I feel remote care would benefit and aid in recovery for individual soldiers and their families. I would recommend the Veteran Administration in ways of medical care.

- That Medical Hold Companies have full control of soldiers and be able to use soldiers in tasks that don't hinder the care of the soldiers. This could help a soldier's progress in the military and have an active duty component to handle problems that arise. Many of these soldiers fall through the cracks when it comes to promotion, educational benefits, and awards.

- The wounds of the battle frequently do not just require hospital attention. There are severe long-term physical or psychological disabilities that prevent veterans from attaining positions in this nation workforce. When soldiers return, they have to go through complicated workman's-comp-type paperwork to prove that something they did in war is the reason they're sick. That can take from four to sixteen months. They come home injured, and rather than being integrated into society they're stuck in Medical Limbo waiting for their disability rating and then being diagnosed with preexisting conditions that implies they shouldn't have been sent overseas in the first place. For these reasons I believe that there should be a seamless transition from going from Medical Hold status to veteran status. I feel that Veteran Service Organizations should have more access to Bases to help injured soldiers deal with MEB and PEB issues. Families would be free to focus on the physical and emotional recovery progress in lieu of following up on paperwork, policy and medical care at their own financial and emotional expense.

- I have found that many problems occurred during my medical care was because the DOD and the VA create independent patient medical records. Records are hand

carried to and from agencies. I also found unfortunately the current VA/DOD process for sharing information about eligible service members does not facilitate quickly and there is not a smooth transition for enrollment into VA programs.

- There seems to be a great deal of difference in policy regarding medical care and the treatment of a soldier between the branches of the military. I feel the treatment to the injured should be written and maintained as one standard. A medical doctors' opinion shouldn't change based off the uniform they wear.

- I would like to see more programs and emphasis on mental health service available in Post Traumatic Stress Disorder. It made a difference in my life and I feel programs such as the VET Center will give a great deal of comfort to the many returning veterans as they undergo their own personal struggles.

It's because I have great love for my Country and family that I write this statement. I cherish much of my life in the armed services. I took great pride in wearing the uniform. I have made great friends and have seen and accomplished many things throughout my deployments. There can be no doubt of the commitment to those in uniform whether on Active, National Guard or Reserve. When we speak words like sacrifice, courage, and conviction, it touches my heart as a former Marine and Soldier - as they do to those who serve in the uniform today in the defense of our safety and liberty.

Sincerely,

Joseph D. Perez